Improving access to secondary outpatient care around the age of transfer between paediatric and adult services

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Contents

We are very grateful to NHS England for funding this project, and to the anonymous interviewees and survey respondents who took part. We're also grateful to Emma Sparrow of RCPCH&Us for helpful input. All views are those of the authors only.

Executive summary

The overarching question for this project was “Do young people approaching age cut-offs between paediatric and adult services have difficulty accessing secondary care due to their age?. We had come across anecdotal information that sometimes young people fell into a ‘blind spot’, when they were too close to the transfer age to be taken on by paediatrics, but too young for adult services, thus losing out on services at a significant time in their lives. This is a different issue from the challenge of transfer between services when young people already have a longstanding long-term diagnosis and are already being treated in paediatric services; it relates to those seeking new referrals at this age. We wanted to understand whether this is a current issue in England, and if so its impact on services and young people, and whether any planned changes might be relevant to understanding solutions, such as a move towards working up to 25.

Results were collated from a combination of sources including a scope of the evidence, an on-line survey of practitioners (n106) and semi-structured interviews (n5). Respondents represented the three main groups of clinicians involved in this process: paediatricians (working both in hospitals and in the community), general practitioners (GPs), and adult consultants from several different disciplines.

Results confirmed that there was considerable variation in England around the age that the transfer from child to adult services takes place, and the degree of flexibility around the age cut offs. Reasons why referrals caused particular discussion included the complexity of the case, the range of other services already involved and the length of waiting lists. The issues that referrals at this age raised included the lack of services specifically suitable for late teens and early adulthood, the consequences of missed opportunities to get it right in terms of subsequent healthcare and outcomes, and the potential disproportionate impact on more marginalised groups with less good access to care. Strategies for overcoming problems in getting young people into services included the referring clinician advocating on behalf of the patient themselves.

The challenge of getting young people seen in secondary care was perceived differently by the different groups who answered the surveys, with GPs most likely to say it posed a challenge, followed by paediatricians, with fewer adult physicians agreeing. This potentially highlights a communication and perspective issue across the service divide, indicating that different parts of services may have different priorities and challenges in relation to young people’s access to secondary care.

Next steps and solutions include increased advocacy and training in young people’s health to enable it to have similar standing to, for example, neonatal medicine and care of the elderly; the development of holistic youth health services for young people requiring secondary care; and co-design and development of tools for young people to navigate the healthcare system.

Introduction

The Association for Young People's Health (AYPH) works to advance and advocate for best health and healthcare for young people. Young people aged 10-25 have specific health needs, and this requires consideration in not only how they access care, but the kind of care they have access to. With a commissioning and speciality training cut off between paediatric and adult care, and variable provision of youth specific health services in the UK, we wanted to explore the extent to which young people are able to access secondary care services at the point when they are approaching this age division in provision.

There has been an increasing drive to improve the transition of young people with medical needs from paediatric services (or adolescent services) into adult secondary care with national standards from the National Institute for Clinical Excellence (NICE) and the Royal College of Paediatrics and Child Health (RCPCH).[1,2] This is part of the wider aim set out in the NHS England Long Term Plan to have seamless health services for 0 to 25 year olds.[3] The work from NHS England and NHS Improvement around a national transition programme flags the concern that young people are falling through the gaps when approaching the intersection between paediatric and adult care, exactly at a time when they are likely to be most vulnerable to being lost to follow-up or to a significant change in their care package. Whilst some specialist services with clear diagnoses continue to treat young people beyond this age at their discretion, it appears that, for those who are referred close to the cut off, there may be young people who have significant health needs who are unable to access care.

This has been an area of particular concern, because it is well documented that young people who are either lost or not well supported during their transition are more likely to have worse outcomes (such as increased mortality rates in epilepsy or increased kidney transplant rejection).[4,5] As a result, we fully applaud this galvanisation of local paediatric and adult services to redraw the approach to young peoples' health to ensure the gains made from medical care in their early youth can be maintained across the bridge into adult life and development. Youth specific healthcare offers an opportunity to reassess and make changes during an important and influential life period.

This project focuses on a particular aspect of this time when young people may fall between services. Paediatric and adolescent services in the UK usually have age cut offs at 16 or 18 years, when patients are transferred to adult care. Problems may arise in the months leading up to the significant birthdays. Anecdotal accounts have suggested that referrals may be rejected by paediatric services if the age is too close to the deadline (such as at 15 years and 9 months). Teams will usually not accept referrals until after the relevant birthday, potentially leaving several months where the young person is in limbo with no recourse to specialist care. An added layer of complexity is that each hospital, and even each team

within a hospital, can have different cuts offs for when they will accept or reject referrals based on their age.

The extent of this as an issue and the potential impact are unknown. Once over 18 there is usually no age barrier to adults requiring secondary or tertiary care. The issue may thus be critical in the years just before this, at a time when young people are in a rapid phase of social, physical and emotional development and the impacts of having poor quality, or no access to, appropriate care could be significant. As an example of the challenges, an NHS England document on transition quotes the case of a 16 year old waiting 6 weeks for an operation because neither adult nor paediatric teams felt she was appropriate for their service.

It may also be disproportionately affecting young people experiencing inequality - either for reasons of deprivation, or because they fall into a group less well served by services, such as young people living in care, refugee and migrant groups, learning disabled young people, and others. Navigating healthcare is hard, with different services having different requirements, and having people around you who understand the system, your rights and are able to articulate that for you, or through you can make a difference to the care you can access.[(6)]

With current commitments from NHS England to supporting successful transitions from paediatric to adult care, and the emphasis on reducing health inequalities, it is important to understand the extent of this issue and the possible impacts on young people.

Research questions

The overarching question for this project was "Do young people approaching the age of cut-offs between paediatric and adult services have difficulty accessing secondary care due to their age?" We wanted to understand whether this is a current issue in England, and if so its impact on services and young people, and whether any planned changes might be relevant to understanding solutions, such as a move towards working up to 25. Breaking this down, the aims were:

- To establish the extent to which paediatric and adolescent services have access cut-offs according to age and the impact that this has for young people nearing transfer to adult services.

- To investigate this issue through the lens of health equity, to identify the implications particularly for services in locations where there may be more deprivation, or for groups of young people experiencing particular challenges.

Methods

We collated background information on the issue and collected new data through an online survey and semi-structured interviews.

Collation of background information

A rapid literature review was undertaken. Using PubMED the following search terms were combined for title and abstract review: outpatient OR service OR clinic OR secondary OR specialis*; transfer* OR transition*; refer*OR letter OR access*; young pe*OR adolescen*OR youth. In total, 570 titles were reviewed, resulting in 16 abstracts to review.

None of the abstracts reviewed related to young people in primary care accessing secondary care. A search of similar terms through Healthwatch and Google also resulted in no grey literature about access to secondary care for young people at this age.

Online survey

An online survey (SurveyMonkey) was conducted across paediatric, adult and GP services asking about age cut offs for referral in any of their outpatient clinic services, and preliminary questions about the challenges departments may face when dealing with patients who are very close to the age cut offs. The survey consisted of three general questions (area of UK; estimated deprivation level locally; and speciality) and a filter for (a) paediatricians, (b) GPs, and (c) adult services. Each of these had approximately 10 questions each, some specific to their service area, and some common to all three. The areas explored were who triaged referrals; age cut offs in the service; amount of discussion a case might spark; challenges and solutions. The survey took an average of 5 minutes to complete. See the Appendix for questions.

The survey was disseminated through AYPH's existing networks, including through our e-newsletter, membership updates, and social media accounts. It was also circulated on our behalf by other professional networks including the Royal College of Physicians Young Adult and Adolescent steering group, , the Royal College of Paediatrics and Child Health's Young People's Health Special Interest Group and a network of adolescent health professionals coordinated by the RCGP Adolescent Health Group.

Interviews

Semi-structured interviews were undertaken to establish the impact this has on young people who have been in this position; and the experiences of adult physicians, paediatricians and GPs attempting to care for these individuals. Five interviews were undertaken with practitioners falling on both sides of the paediatric/adult transition.

The interviews took place on-line, lasted approximately half an hour, and followed a semi-structured outline covering the following topics: experience of youth health; role in managing access to outpatients; experiences of young people reaching age cuts offs and how these have traditionally been managed; challenges and solutions. Interviews were transcribed for thematic analysis.

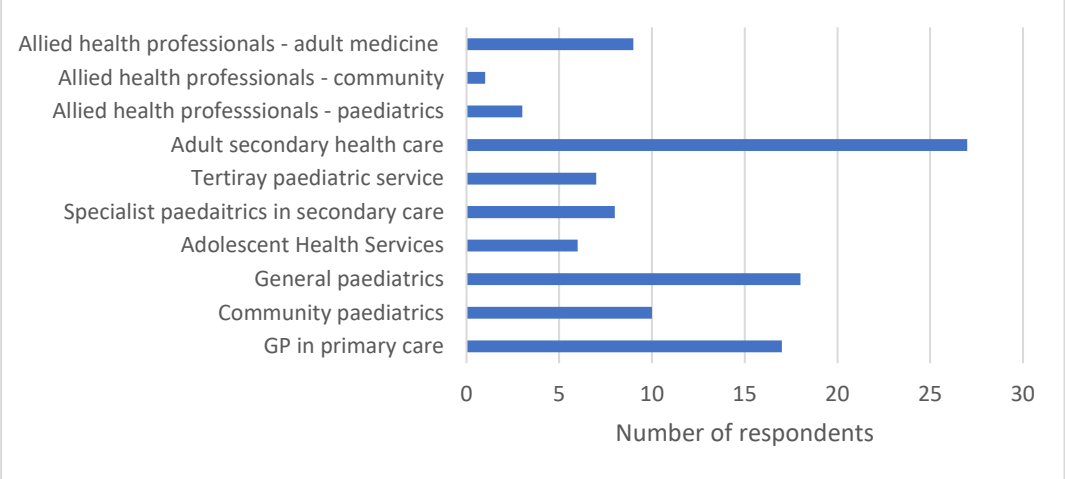
A simplified qualitative analytic procedure was undertaken. This involved a first reading to identify the main themes, and a second to allocate responses to the themes and to bring themes together into groups. Two researchers took part in the process, reading and coding separately, and then discussing identification of themes to develop consensus. For the two case studies we also separately interviewed a young person and a GP.

Respondents

Interview respondents were two adult physicians, one GP, one paediatrician and one young person.

Survey respondents included paediatricians (working both in hospitals and in the community), general practitioners, and adult consultants from several different disciplines. There were 106 survey respondents by May 2022, but of these only 71 answered all the free text questions, representing 35 paediatricians, 11 GPs and 25 adult physicians. Chart 1 shows that respondents came from across the child and adult healthcare workforce, with the majority in various forms of paediatrics (44%), or in adult secondary care (30%).

Chart 1: What kind of healthcare do you work in?



Respondents came from across England, with a few from Wales and Scotland. The majority were from the North East of England, clustering in Yorkshire and the Humber, and the East and West Midlands.

By their own assessment, most practitioners considered that they worked in an area of deprivation, with mean, median and mode of score 2, from range where 0 was the most deprived and 10 the most affluent.

How things currently work

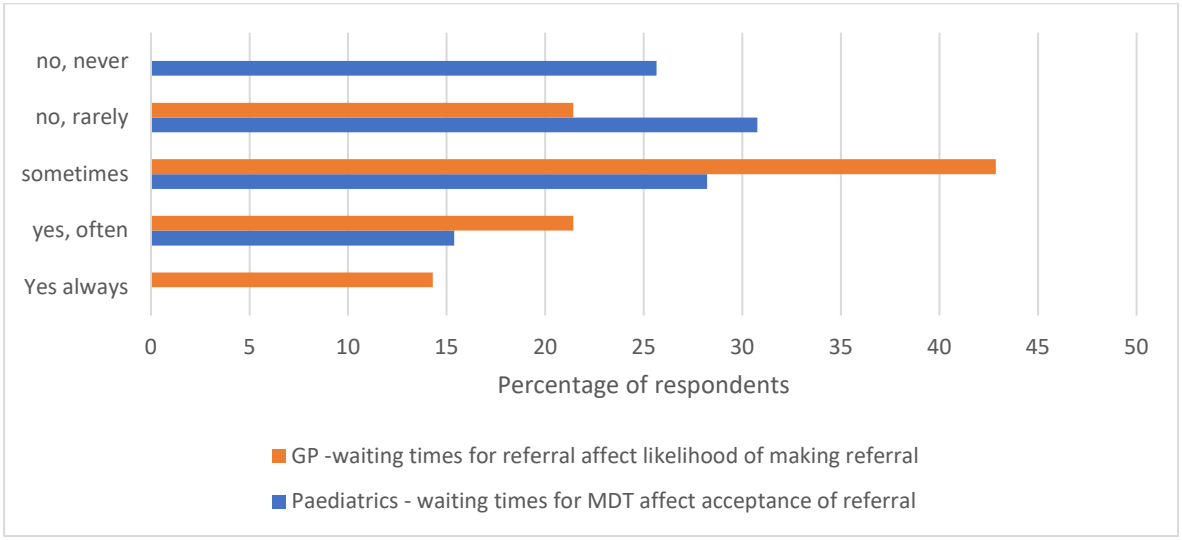
We explored how things currently work for health care practitioners both referring and accepting referrals in this age range.

Making the referral

This is usually done by GPs, and so we asked what influenced how likely they were to make referrals, and what they might do if referrals were rejected.

Chart 2 shows that before a patient is even referred, GPs indicated that the likelihood that they make the referral is influenced by waiting lists. Paediatricians were less likely to say that waiting times affected accepting referrals. It seems that, as we recover from the impact of COVID-19 on access to secondary care, awareness about waiting times on secondary care access could be influencing care decision for young people at an important time in their health journey. Flexibility at a time of difficulty for the NHS was a theme that came up in several conversations. As one paediatrician we interviewed said *" I think that for many years we worked it out without age limits……And now there is so much stress on all the services everyone's sort of like bouncing stuff back"*.

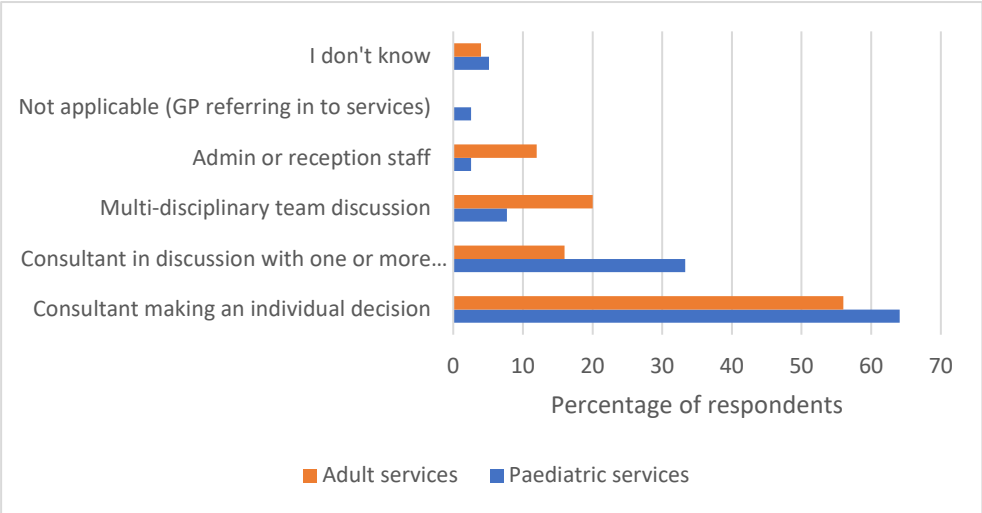
Chart 2: Waiting times impact the likelihood of a GP making a referral more than they influence a pediatrician



Accepting the referral

We wanted to understand how young people's referrals were being triaged when they were received in paediatrics and adult medicine. Who makes the triage decision in outpatients is an important link in the chain of access to secondary care. Chart 3 shows that in most cases this was a decision made by a consultant, either alone or in discussion with other colleagues or in a full multidisciplinary meeting.

Chart 3: How paediatric and adult services triage their outpatient referrals



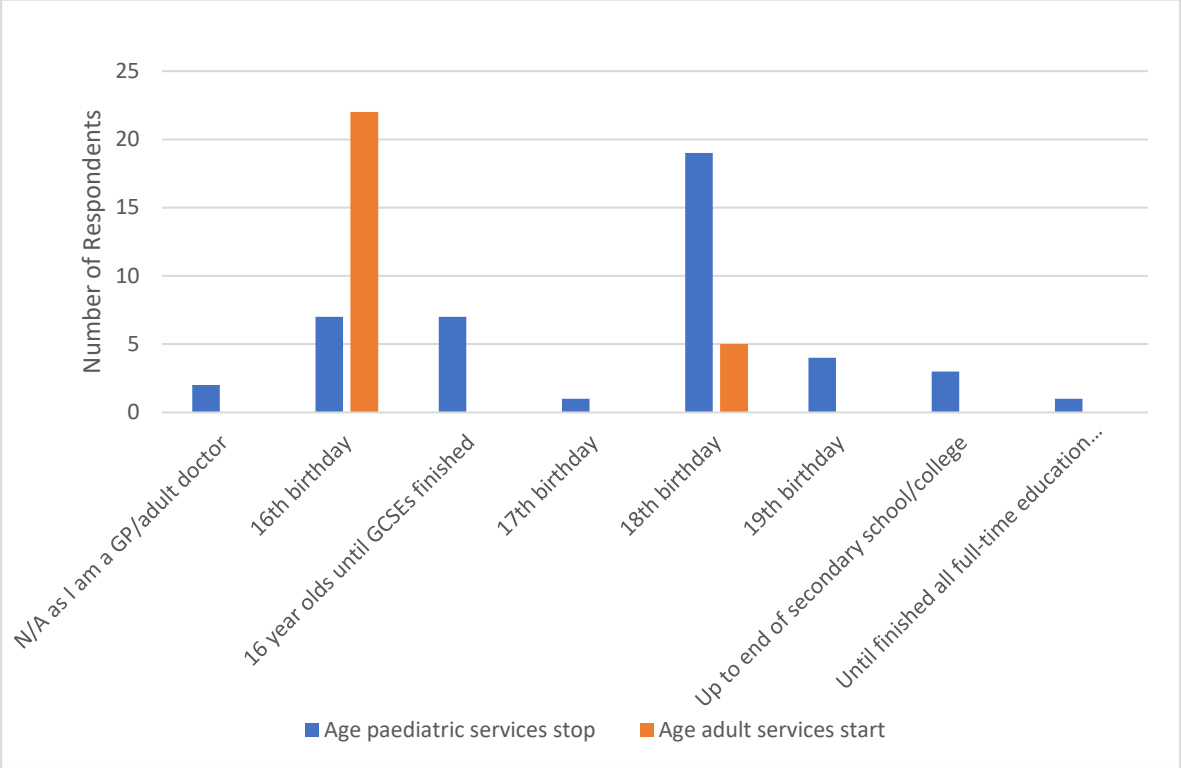
Challenges arising from current systems

Several themes arose around challenges in managing access to secondary care for young people**.** These included the challenges of fitting developmentally appropriate care into rules about age cut-offs, challenges of communicating about referral both between professionals and with young people and families, and the challenges posed by different specialty perspectives on youth care.

Strict age cut offs versus developmentally appropriate care

There is no universal age cut off across paediatric and adult health services in England, or even within individual hospitals. We asked when paediatric services ended and when adult services started, and Chart 4 shows there is a range of possible answers, increasing the likelihood of young people being unable to access services easily. As one paediatrician noted, the worst case was a gap in provision of care, *"e.g. dialysis services not available to 16-18 year olds in some centres"*. Similarly, an adult physician commented, *"And we have had several patients where you are not allowed to accept them over 16 (sic), but in adult rheumatology you're not allowed to accept under 18."*

Chart 4: Whilst most adult services start at 16, a number do not start until 18, resulting in a potential care gap



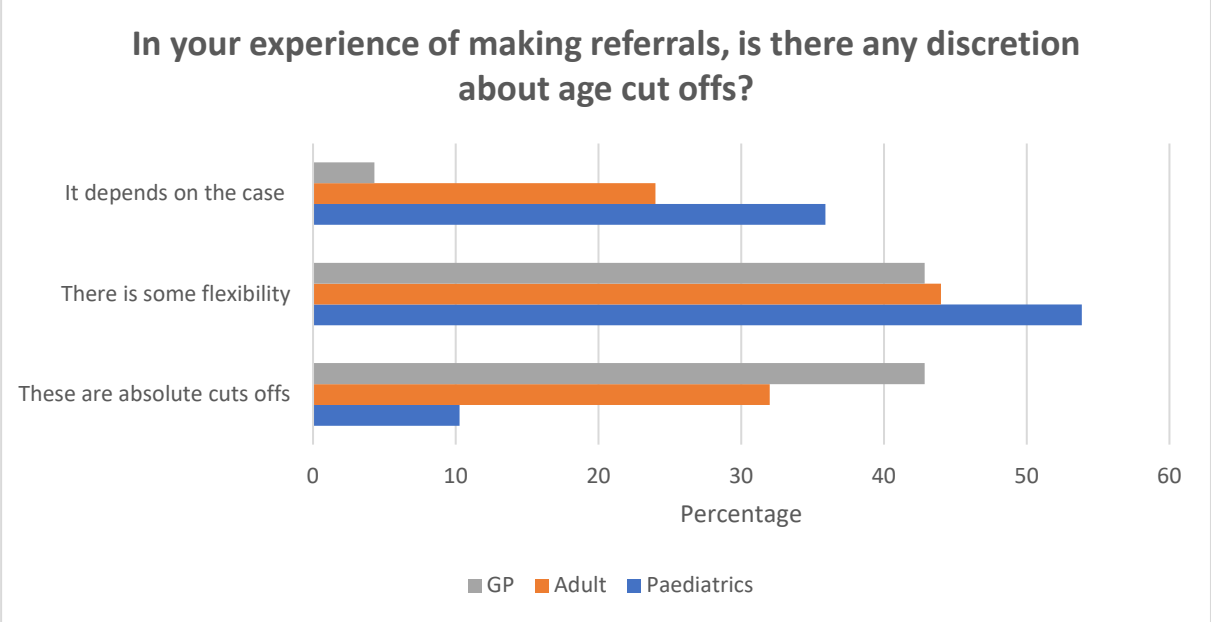
However, NICE guidance for transition between paediatric and adult services talks about developmentally appropriate transition care meaning young people's needs and understanding should be central to how and when they are transitioned(2). As such, young people trying to access secondary care around the local services age cut offs should also be able to be treated in a developmentally appropriate manner, which strict age cut offs would limit.

Indeed, most respondents advocated for specialist young people's care and services particularly for 16-25 year olds. The argument for this included *"they do not have that framework to cope with employment, education impact in adolescents and young adulthood, and I think we need to have separate 16 to 24."* However, if youth health services exist, they still create age cut offs and this has caused some concern. As one paediatrician suggested, *"I think that just creates another barrier to complicate things"*. There is clearly no easy solution. The young person we interviewed was transferred to adolescent health services without support at the age of 12, and once in them has had to navigate different "adolescent" referral streams with different age criteria within the same hospital.

We asked whether there was any discretion around the age a young person is referred and whether that referral is accepted. Chart 5 shows that GPs were the least likely to think there

was any flexibility in the system, but paediatricians did think there was and that age cut offs were not absolute.

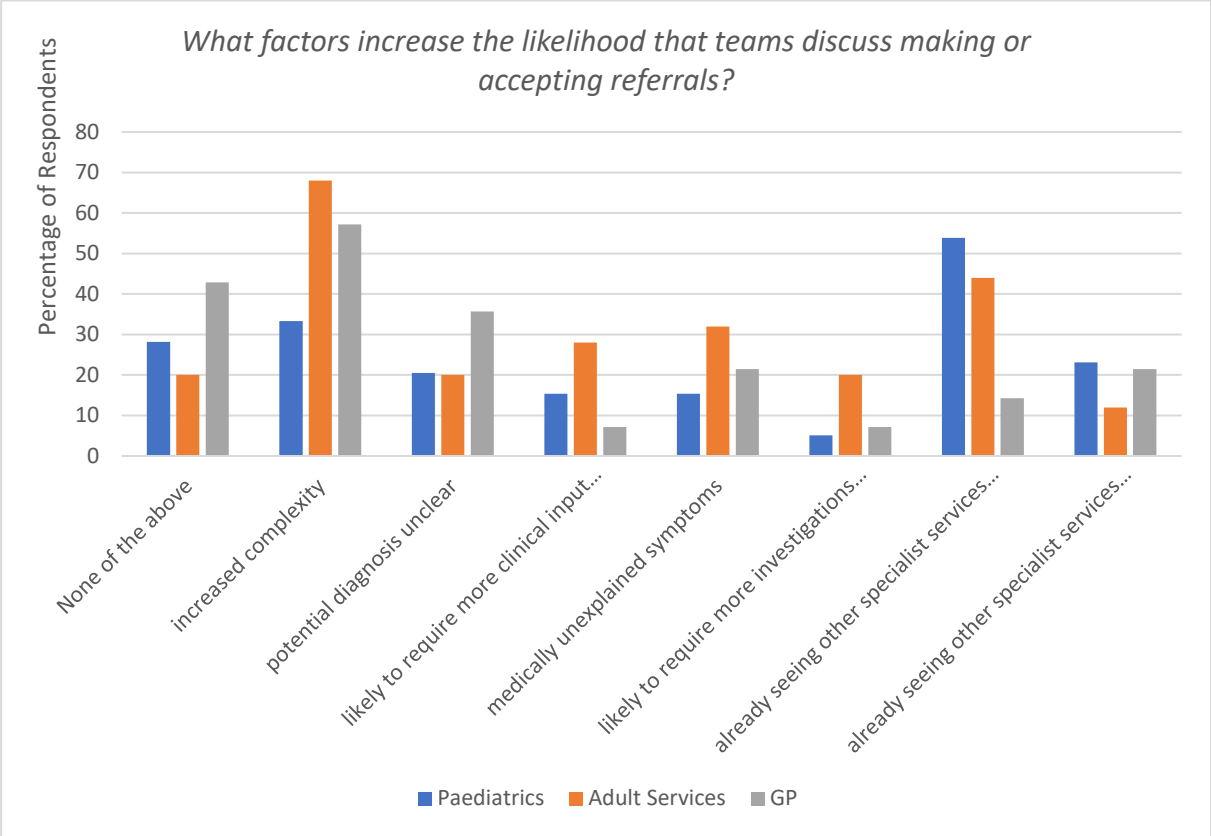
Chart 5: GPs, adult physicians and paediatricians all had different experiences and perspectives on flexibility about accepting referrals around the age of transfer



Communication around referrals

All three groups of respondents acknowledged a relatively high level of discussion around referrals sitting on the child/adult boundary. Chart 6 shows that these discussions were driven by similar factors across all respondents. For GPs and adult services the issues leading to discussion included the complexity of the cases. For paediatricians, the fact that children were already seeing other professionals was a factor (also perhaps an indicator of complexity). Also important were medically unexplained symptoms, the likelihood that the case would require more clinical input than usual, and the fact that the potential diagnosis was unclear.

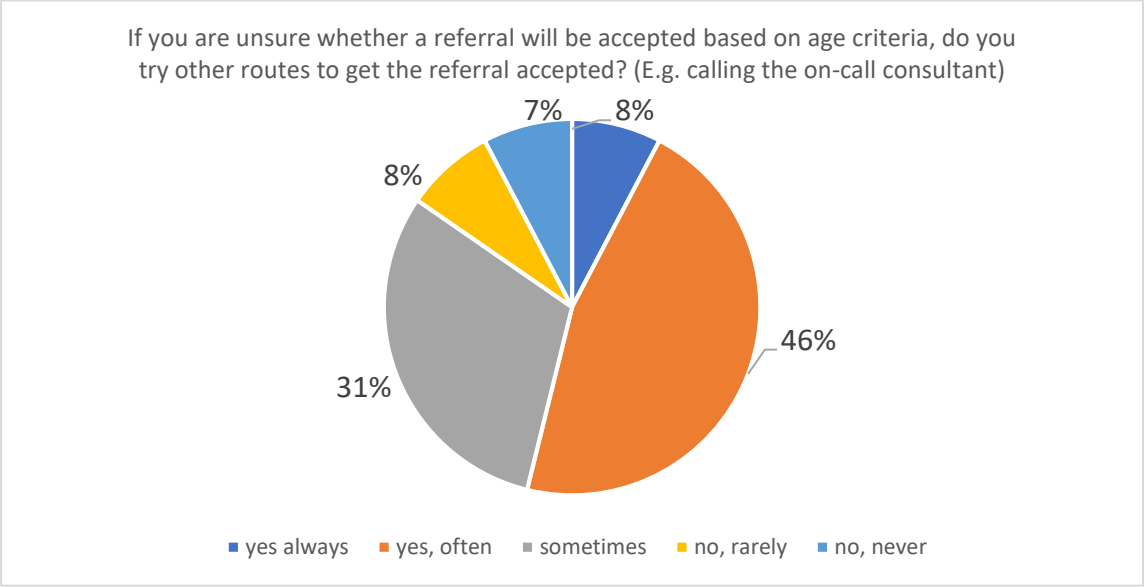
Chart 6: Complexity and multi-speciality input increase the likelihood of colleagues discussing referrals



Importantly, GPs suggested that they would reach out and discuss rejected referrals or cases they weren't sure about, smoothing the way to referrals. Overall, respondents commented in several ways about how discretion allows them to handle many of these situations, and how that discretion is itself based on good professional communication and trusting relationships. Picking up the phone and talking to colleagues was often the way to solve the more complex cases.

Chart 7 shows that nearly half of GPs would seek a range of ways to get their patients accepted into services. A London GP said *"What I would do is I would call and talk to one of the paediatric consultants"* if uncertainty about a referral came up, and she would avoid the electronic referral system which tends to have specific limits that cannot be overcome. Many regions are trying to move to a solely electronic referral system to streamline services and improve documentation. This is a potential pitfall of such a practice.

Chart 7: Most GPs will try other ways to get their patients accepted into services

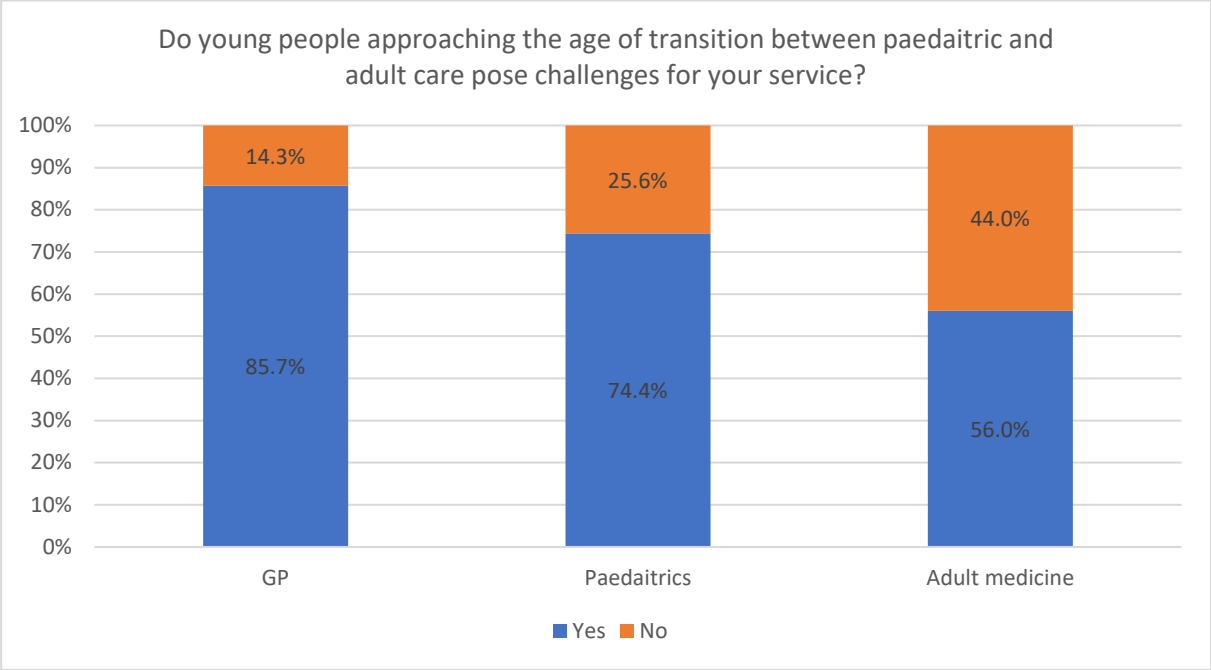


Throughout the discussions about transfer from child to adult services the importance of good communication with young people their families was also a recurring theme. Preparing families and young people for the difference between services and the chances of referral rejection was important. As one GP who responded to the survey commented, we need *"Increased understanding of GPs to have the conversation prior to the referral about expectations of the YP to try and direct them to the most appropriate service (adult / paediatric) and include this information in the referral letter."* In addition, other interviews and survey respondents noted that youth empowerment and listening to youth voice to advocate and co-design their own care was lacking in the system**;** *"involvement of YP and families to understand their perspective and seek their participation in the solution".*

Different speciality perspectives

Overall, there was a range in perceptions of whether a potential age-gap in transfer from child to adult services was an active issue or not. However, this varied for different professional groups. As Chart 8 shows, GPs were most likely to say that it did pose a problem, with adult physicians the least likely to say that it did.

Chart 8: The issue of age and access to services is perceived differently by GPs, paediatricians and adult physicians



Tensions were reflected about the priority different professional groups felt was given to youth health. Several comments in the interviews, and in the survey responses, noted that either adult physicians should be doing more for young people, or paediatricians needed to take more responsibility for young people.

Underlying this appeared to be a concern that the "other" speciality did not appreciate what it was like to manage young people with limited resources and training. This indicates that there may be misunderstandings across professional groups, potentially impacting on joint and patient centred care. As one adult consultant noted in the survey, *"Adult consultants are apprehensive as these patients take time and we do not have same support from community teams as paediatric teams have*". An adult physician suggested that *"It is much easier to envisage paediatrics extending to this age range where educational/social impact is a continuation of that experienced in adolescence (<15years) than adult services that have to cope with the needs of 16 years old as well as 90+ year olds."*

A young person we interviewed also raised the issue of paediatricians not wanting to see young people at the top end of the age range. They suggested that paediatricians can say *"I don't really know what to do with young people at your age because I'm a paediatrician. But I think that when you get to 10, you're more of an adult."*, but *"…You're a doctor, so you should know! You are literally a doctor for young people and children, you should know how to communicate with them. So I don't know if that would be harder if you extend the age gap to 25, if you're having trouble communicating with a teenager."*

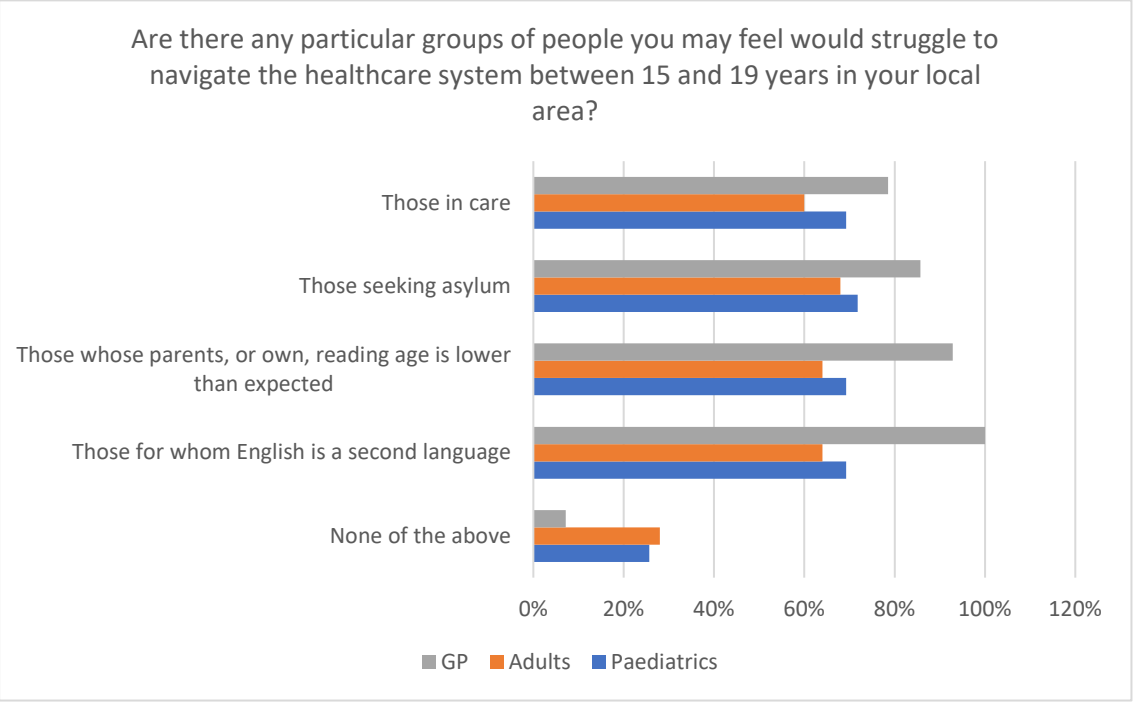
And finally, pediatricians in the survey and at interview raised the issue of adult physicians not wanting to see young people, or not providing the service that was needed for them. Both the paediatrician we interviewed and some survey respondents felt that when close to the age cut off between services, it made sense for adult services to see the young person, as they would be their primary contact in the longer term.

A rather separate point was made by several respondents about the inadequacies of the system to respond to the kinds of complex cases that could present transfer challenges, and the need for more disciplines to be involved. As one paediatrician noted in the survey, we need "*more funding for psychology*", while others suggested *"a nurse", "a psychologist",* and a *"well trained physio"* should be involved in the care of some young people.

Issues of health inequality

One of the lenses we wanted to look at this potential issue through was that of health inequalities; understanding the experiences of young people who may find it harder to navigate health services or for whom health services had traditionally been harder to access. We asked all three sets of professionals whether there were any particular groups who may be more affected by gaps in transfer (they could choose multiple options), and Chart 9 shows that most GPs, a majority of paediatricians and some adult physicians felt that this was the case.

Chart 9: Particular groups potentially experiencing health inequalities at transfer



Responses included noted the importance of inequalities relating to economic issues, geographic location, and the experiences of different conditions.

Case studies

Similar issues of access to healthcare at this age are indicated in two case studies, the first resulting from an interview with a young person, the second from an interview with a GP.

Case Study: A young person's experiences

As part of the research we interviewed a 17 year old service user in London, who was already linked into secondary care adolescent services, but unfortunately was still not able to access other services within the hospital because of cut offs and complexity, as well as reduced communication between the teams.

She and her mother discussed how they had been made the managers of their referrals, having to negotiate between different services and provide their own summary and records of what was happening. During this time her symptoms have got worse, resulting in A&E attendances. As a result the young person commented *"For my eighteenth birthday, I'm going to go private and see a doctor for rheumatology".*

Case Study: Transferring a complex case from primary to secondary care at age 17

A London GP described the case of a young woman coming very close to the age of transfer. She had disclosed a sexual assault which had medical implications, and required a thorough and sensitive review. "*I think it was her 17th (sic), when she had an admission for medically unexplained symptoms, which was associated with trauma that she hadn't been ready to talk about. So she was not only falling between medical and psychiatric services, but she was also falling between both children's and adults. Medical and paediatrics and adult services. So she was in a kind of four way vacuum."*

By calling the paediatric team, the GP managed to get the patient expedited. However, the GP then had to manage a complex situation where the young person was rushed through a difficult process in order not to breach age limits, "*…so fortunately, because we have great relationships with our paediatricians, they kindly did an exceptional assessment of her in a paediatric gynae way. Because of her concerns about trauma. But they did it literally in the last week of her being able to access their services."*

This meant that transfer policy had influenced patient care, with a direct impact on the patient, how she felt about her care and her future engagement with services; *"And that was quite something to impose on a situation which was already quite fragile. I mean, she managed it very well and they were very supportive, but there was an unnecessary pressure of time because of her age, when actually it would've been much more appropriate to have taken longer."*

"She's kind of been pushed through a system, which I think would've been much better if she went, been seen and then followed up. So she's a classic example of where we need an adolescent service."

Across both case studies, trust in the system and the doctors is being affected. As the young person said, *"Why do I need to listen to them, when they are not listening to me? … They were wrong about the electronic records, they were wrong about the referral".*

Next steps and solutions

In summary, the closed survey questions, the open survey questions, the qualitative interviews and the case studies suggested some common themes in terms of challenges. Many respondents did feel that there was a risk of young people falling between services in the transfer from child to adult, and that there was a lot of variation in how this was handled. Different parts of the system had differences in perceptions of the size of the issue and what the solution might be. Often it was the complex patients providing the most challenge. There was also a sense that more understanding was needed about young people's life stage in the transition between, for example, education and work, to get services right for the age group. Respondents commented that there were often missed opportunities to get it right at this age, and that if young people are left out of the system for crucial months around this age an opportunity is missed to get good self-care in place at the right time in their lives

So what next? The argument for appropriate youth health services has been made many times, and the NHS long term plan is moving towards 0-25 year old commissioning, removing the barriers to appropriate access for young people. But as we have seen, even within a youth health service, there can be problems in accessing the care needed.

Most feedback on solutions from respondents related to:

- Increased availability of adequately trained staff
- More focused commissioning of appropriate services for young people (from 10 to 25 years) with multi professional teams, including youth workers
- A joint discussion and response across paediatrics, adult medicine and general practice
- An increased emphasis on hearing the youth voice in service planning
- An acknowledgement that the training of paediatricians, even if not specifically youth appropriate was potentially more appropriate for a holistic and supportive assessment of someone in this age group

We therefore suggest the following solutions for consideration:

1. ***Make referral to secondary care for this age group an arm of the transition work*** – in our conversations this is a hidden issue that has not been explored in discussions about improving the transition from child to adult services – the focus is on young people already in secondary care, and others are missing out. Hospitals and services need to be mindful of their front door access for 15 to 19 year olds as well as those already in the system.
2. ***Improve knowledge and skills in young people's care.*** In the same way that neonatal medicine and care of the elderly are respectively an important part of paediatric and adult medical training, young people's health could be a specific part of the curriculum for all. Currently, doctors training in a general speciality usually have to do a more specific training in an age group; in paediatrics training, for example, training in neonates is standard, and in general medicine, the same is true of care of the elderly. Extending this to adolescence and young adulthood would improve skills and knowledge, and this is the only way 0-25 year old services can realistically be delivered without "hidden" transfer points within the services.
3. ***Involve young people and their families*** in decisions about how health care is designed and delivered
4. ***Include navigating the healthcare*** system as part of personal, social and health education at secondary school
5. ***Keep working to reduce health inequalities*** that drive poorer outcomes in young people and increase their risk of requiring secondary care input, particularly by ensuring there are no additional barriers to them accessing services in the transition to adulthood.

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For more information

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Appendix : Survey questions

To all:

- What region of the UK do you work in?
- Would you say you work in an area that is in a more deprived area of the UK, or in a less deprived area? Please use the slider to answer
- What kind of healthcare do you work in?

Paediatrics questions

Who triages the outpatient referrals? (By triage we mean who decides whether or not a patient will be seen in your service)	Consultant making an individual decision
	Consultant in discussion with one or more colleagues
	Multi-disciplinary team discussion
	Admin or reception staff
	Not applicable (GP referring in to services)
	I don't know
	Other (please specify)
Who triages the outpatient referrals? (By triage we mean who decides whether or not a patient will be seen in your service)	Consultant making an individual decision
	Consultant in discussion with one or more colleagues
	Multi-disciplinary team discussion
	Admin or reception staff
	Not applicable (GP referring in to services)
	I don't know
	Other (please specify)
What age does your service go up to?	N/A as I am a GP/adult doctor
	Up to 16th birthday

	16 year olds until GCSEs finished
	Up to 17th birthday
	Up to 18th birthday
	Up to 19th birthday
	Up to end of secondary school/college
	Until finished all full-time education (including university)
	Other (please specify)
In your experience of receiving referrals, is there any discretion about age cut offs in your team?	Response
What factors increase the likelihood that you will discuss with your colleagues whether accepting a referral is appropriate	None of the above
	increased complexity
	potential diagnosis unclear
	likely to require more clinical input than usual
	medically unexplained symptoms
	likely to require more investigations than usual
	already seeing other specialist services - similar to yours
	already seeing other specialist services - different to yours
	Other (please specify)
Do these patients close to transition between paediatrics and adult care pose challenges for you in your service?	yes
	no

	Other (please specify)
Does the waiting time for different services in your wider multidisciplinary team influence whether or not you accept referrals?	Response
Are there any particular groups of people you may feel would struggle to navigate the healthcare system between 15 and 19 years in your local area?	None of the above
	Those for whom English is a second language
	Those whose parents, or own, reading age is lower than expected
	Those seeking asylum
	Those in care
	Could you elaborate on your answer?
Is there anything else we should consider to reducing the challenge of access to secondary health services for young people around the age of transition?	Open-Ended Response
What do you think some of the next steps towards solutions could be?	Open-Ended Response
For those that wanted to comment in relation to CAMHS referrals near age of transition, please here	Open-Ended Response
GP QUESTIONS	
Do you use ERS (electronic referral systems) for all paediatric referrals out of your practice?	Response
If you do use ERS for your referrals, does it have built in acceptance criteria for referrals?	Response
Please indicate your level of paediatric and young people's health training. This is to help us understand potential training needs around young people's health.	None of the above
	6 months paediatric job
	6 month young people's health job

	special interest in paediatrics
	special interest in young people's health
	Diploma in child health
	Member of YPSIG
	Member of young peoples health group
	I have done courses, but no placements in paediatrics
	none of the above
	I would rather comment ....
Is it usual in your team for you to discuss young people close to the age cut offs as to whether sending that referral is appropriate?	Response
	Other (please specify)
What factors increase the likelihood that you will discuss with your colleagues whether accepting a referral is appropriate	None of the above
	increased complexity
	potential diagnosis unclear
	likely to require more clinical input than usual
	medically unexplained symptoms
	likely to require more investigations than usual
	already seeing other specialist services - similar to yours
	already seeing other specialist services - different to yours
	Other (please specify)
If you are unsure whether a referral will be accepted based on age criteria, do you try other routes to get the referral accepted? (E.g. calling the on-call consultant)	Response
In your experience of making referrals, is there any discretion about age cut offs?	Response
Do these patients close to transition between paediatrics and adult care pose challenges for you in your service?	Response

Does the waiting time for a service in your wider area influence the likelihood of making referrals around the age of transition?	Response
Are there any particular groups of people you may feel would struggle to navigate the healthcare system between 15 and 19 years in your local area?	None of the above
	Those for whom English is a second language
	Those whose parents, or own, reading age is lower than expected
	Those seeking asylum
	Those in care
	Could you elaborate on your answer?
If a young person you had referred to secondary care had that referral rejected, please can you explain what happened next and any impacts on that young person or your subsequent referral practice.	Open-Ended Response
Is there anything else we should consider to reducing the challenge of access to secondary health services for young people around the age of transition?	Open-Ended Response
What do you think some of the next steps towards solutions could be?	Open-Ended Response
For those that wanted to comment in relation to CAMHS referrals near age of transition, please comment here	Open-Ended Response
ADULT QUESTIONS **At what age do you start accepting referrals?**	16th birthday
	16 if finished GCSEs
	17th birthday
	18th birthday
	Once left secondary school
	Other (please specify)
Who triages the outpatient referrals? (By triage we mean who decides whether or not a patient will be seen in your service)	Consultant making an individual decision

	Consultant in discussion with one or more colleagues
	Multi-disciplinary team discussion
	Admin or reception staff
	Not applicable (GP referring in to services)
	I don't know
	Other (please specify)
Do these patients close to transition between paediatrics and adult care pose challenges for you in your service?	Response
	Other (please specify)
Is it usual in your team for you to discuss young people close to the age cut offs as to whether accepting that referral is appropriate?	Response
What factors increase the likelihood that you will discuss with your colleagues whether accepting a referral is appropriate	None of the above
	increased complexity
	potential diagnosis unclear
	likely to require more clinical input than usual
	medically unexplained symptoms
	likely to require more investigations than usual
	already seeing other specialist services - similar to yours
	already seeing other specialist services - different to yours
	Other (please specify)
In your experience of receiving referrals, is there any discretion about age cut offs?	Response
	Other (please specify)
Are there any particular groups of people you may feel would struggle to navigate the healthcare system between 15 and 19 years in your local area?	None of the above
	Those for whom English is a second language

	Those whose parents, or own, reading age is lower than expected
	Those seeking asylum
	Those in care
	Could you elaborate on your answer?
Is there anything else we should consider to reducing the challenge of access to secondary health services for young people around the age of transition?	Open-Ended Response
What do you think some of the next steps towards solutions could be?	Open-Ended Response

About AYPH

The Association for Young People's Health works to understand and meet the particular health and wellbeing needs of 10-25 year olds. For more information about our work email info@ayph.org.uk and visit our website ayph.org.uk

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